Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

33/3-1078P

		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20				-	RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 - minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 - minus 3 = *					X43=		OR	X86=	
Мι	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0					"0" in c	column 2	l	TOTAL		OR	TOTAL	7700
CLAIMS AS AMENDED - PART II								OTHER THAN				
(Column 1)				(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***	OL 4114	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								'TOTAL		OR	TOTAL	
ADDIT. FEE												
_		(Column 1)	T	(Colum		(Column 3)	1 -	1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	+145=		OR	+290=	·
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
	`	CLAIMS		HIGHE	ST		lr		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	strick		=		X43=		- 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	7-0-		OR	700-	
* If the party is column 1 is loss than the cate is action 2 with 10% in action 2								+145=		OR	+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in coli	umn 1	